

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

I Reporting Information

Year: 2013

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

Rec'd Jan. 14, 2014

II Client Information

Name: Grasmere & Cameron Bluebelt Conservancy, Inc.

Permanent Business Address: 750 Lexington Avenue

City: NEW YORK

State: New York

ZIP code: 10022

Phone: 347-463-1119

III Business Relationship with an Entity

Instructions: Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☐

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$.00

Beginning date of Business Relationship (Actual or Anticipated): Month: September Year: 2013

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ☐

IV Business Relationship with a State Person

Instructions: Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name: Dianto

State Person First Name: Linda

Agency or Legislative Body of Employment: Kingsborough Community College

Public Office Address: 2800 Oriental Blvd.

City: Brooklyn

State: NY

ZIP code:

Phone: 718-368-5696

Description of Business Relationship(s): Adjunct Professor

Compensation (Actual or Anticipated): \$ 9500 .00

Expenses (Actual or Anticipated): \$ 9500 .00

Total Compensation and Expenses (Actual or Anticipated): \$9500 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: September Year: 2010

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

Check here if using addendum sheet for additional State Person(s): ☐

V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE: Linda P. Dianto DATE: 1/9/14

PRINT NAME: LAST

Dianto

FIRST

Linda

Mark One:

☐ Chief Administrative Officer

☐ Designee(Attach Letter)